

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2006**

*(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).*

Docket Number (Optional)

WP22681US

Application Number 10/669,831

Filed September 24, 2003

For **PROTEASE INHIBITOR CONJUGATES AND ANTIBODIES USEFUL IN  
IMMUNOASSAY**

Art Unit 1641

Examiner Mary Ceperley

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ <u>120.00</u>
<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ _____
<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2958. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form.  
Provide credit card information and authorization on PTO-2038.

03/13/2006 AKELECH1 00000058 022958 10669831

I am the ☐ Applicant/inventor.

01 FC:1251 120.00 DA

☐ Assignee of record of the entire interest. See 37 CFR 3.171.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number: 30,444

☐ Attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a): \_\_\_\_\_

Marilyn L. Amick  
Signature

March 9, 2006  
Date

Marilyn L. Amick  
Typed or Printed Name

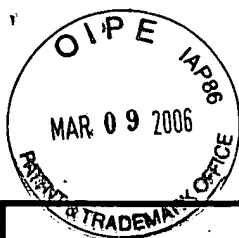
317-521-7561  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ \*Total of \_\_\_\_\_ forms are submitted.

03-10-06

# IPW



Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/669,831
		Filing Date	September 24, 2003
		First Named Inventor	Gerald SIGLER
		Art Unit	1641
		Examiner Name	Mary Celerley
Total Number of Pages in this Submission	11	Attorney Docket Number	WP22681US

**ENCLOSURES (check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached Credit Card Payment Form<br><input checked="" type="checkbox"/> Amendment Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (1 month)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|--|--|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Roche Diagnostics Operations, Inc.	
Signature	<i>Marilyn L. Arnick</i>	
Printed Name	Marilyn L. Arnick	
Date	March 9, 2006	Reg. No. 30,444

- ☐ I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as **first class mail** in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.
- ☒ I hereby certify that this correspondence is being deposited with the United States Postal Service as "**Express Mail Post Office to Addressee**" in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mailing Label No. EV696951222US, on the date indicated below.
- ☐ I hereby certify that this correspondence is being **facsimile transmitted** to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on the date indicated below.

Michele Wilson

Typed/printed name of person signing this certificate

Signature

March 9, 2006

Date